

CITY OF WILLOUGHBY HILLS

35405 CHARDON ROAD ♦ WILLOUGHBY HILLS, OHIO 44094
(440) 942-9111 ♦ FAX (440) 942-1355

FOR OFFICE USE ONLY

RECEIVED BY _____

DATE/TIME _____

APPLICATION TO TAKE EXAMINATION POLICE OFFICER – ENTRY LEVEL

Instructions: (See information sheet for details)

1. Carefully read the information sheet accompanying this application before completing the application.
2. All answers must be typed or printed in ink.
3. After the application is completed, it **must be notarized.**
4. Incorrect statements or falsified information made on this application shall invalidate the applicant's application, examination and or appointment.
5. Any certificates, affidavits or other documents requested with this application must be presented with the application at the time of filing.
6. Filing fees must be paid at the time of filing.

PLEASE PRINT OR TYPE:

Name: _____

LAST

FIRST

MIDDLE

Address: _____

STREET

CITY

STATE

ZIP

Telephone: _____

Last 4 Digits of Social
Security Number: _____

Date of Birth: _____

(MO) (DAY) (YR)

Place of Birth _____

(CITY)

(COUNTY)

(STATE)

A COPY OF BIRTH CERTIFICATE OR OTHER PROOF OF DATE AND PLACE OF BIRTH MUST BE ATTACHED.

Date you will be available to start: _____

Are you legally permitted to work in the United States?

☐

YES

☐

NO

ALL APPLICATIONS BECOME THE PROPERTY OF THE WILLOUGHBY HILLS POLICE DEPARTMENT

EQUAL OPPORTUNITY EMPLOYER

WHPD Form 64

PERSONAL DATA

Have you previously applied for a position with the City of Willoughby Hills?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When: _____	
Have you ever been employed by the City of Willoughby Hills?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When: _____ Reason for Leaving: _____	
Are you related to anyone employed by the City of Willoughby Hills?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name: _____ Relationship to you: _____	
Have you ever been employed by another public employer in Ohio?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Can you work rotating shifts, overtime, weekends, and holidays?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been dismissed from or asked to resign from any employment position?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain: _____	
Other than English, are you able to read or write any other language or sign?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain: _____	

Do you have the required licenses or certifications to perform the job for which you are applying?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a valid Ohio driver's license? (Copy of license must be attached)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your driver's license been suspended or revoked within the last five (5) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had any traffic violations in the past five (5) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please list: (attach additional sheet(s) if necessary)	
OFFENSE	APPROXIMATE DATE (MO/YR)
Have you ever been convicted of a felony or misdemeanor (other than a minor traffic violation)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please list: (attach additional sheet(s) if necessary)	
OFFENSE	APPROXIMATE DATE (MO/YR)

EMPLOYMENT

Begin with your most recent job and list your work history in chronological order. **Include in sequence all part-time jobs, periods of unemployment and military service for the last ten (10) years.** If presently employed, indicate so in date block. (attach additional sheet(s) if necessary)

May we contact your present employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		POSITION HELD
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		
NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		POSITION HELD
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		
NAME OF EMPLOYER		PHONE NUMBER
ADDRESS OF EMPLOYER		POSITION HELD
DATES EMPLOYED FROM TO	SUPERVISOR	SALARY
REASON FOR LEAVING		

EDUCATIONAL

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	DEGREE	AREA OF STUDY	GRADUATE	
				YES	NO

REFERENCES

Fill in below the names of three adults, not related to you and not former employers.

NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation
NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation
NAME	HOME PHONE (Area code/Number)
HOME ADDRESS (City, State, Zip)	Occupation

ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING CERTIFICATE

In consideration of the acceptance of my application for employment by the City of Willoughby Hills (hereinafter referred to as "City"), I understand, agree, and/or certify to the following:

1. I certify that all information contained in this application is true, accurate, and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any information on my application (including any supplemental questionnaire), resume, or any other materials, or during any interviews will be justification for withdrawing any offer of employment or, if employed, termination from employment, regardless of when the falsification, misrepresentation or omission is discovered by the City.
2. Any offer of employment I may receive from the City is contingent upon satisfactory results from the City's total pre-employment screening process. These results may include, but not be limited to, the following:
 - a. Receipt by the City of references that it considers satisfactory;
 - b. Satisfactory completion of a post-offer, pre-employment medical examination that is job related and consistent with business necessity;
 - c. Passing a screening for alcohol and/or drugs;
 - d. Satisfactory completion of any pre-employment psychological examination/screening that the City may require that is job related and consistent with business necessity;
 - e. Satisfactory completion of any physical/mental skills testing or evaluation that the City may require that is job related and consistent with business necessity; and
 - f. Satisfactory completion of criminal history and background investigation.
3. I authorize the City and its agents to conduct a criminal history investigation with any or all federal, state, and local jurisdictions. This investigation may seek information on any felony and misdemeanor convictions I may have and my driving record.
4. I understand and agree that applicants for positions in the Police or Fire Departments will be subject to a more extensive background investigation. This investigation may include, but not be limited to, information as to my moral character and habits, general reputation and personal characteristics. This investigation may be conducted by the Police Department or other agents of the City and may include interviews with my friends, neighbors and associates. I hereby release the City and its agents, including employees of the Police Department, my friends, neighbors and associates, and all other parties from any and all liability for damages arising from the conduct of this investigation, and the release of information as a result thereof.

5. I hereby grant the City and its agent's permission to contact all of my present and former employers and those individuals I have provided as personal references (unless otherwise specified on this application). I authorize and request that such employers and references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. Furthermore, I understand I may be requested to provide the City with certified copies of transcripts from all educational institutions I have attended. I also grant the City and its agent's permission to conduct whatever investigation that may be needed to obtain or verify information regarding statements contained in my application, resume, any other materials, or any interviews, or concerning my qualifications for employment. I hereby release the City and its agents, my present and former employers, my personal references, and all other parties from any and all liability for damages arising from furnishing the request information.
6. This application is subject to the Civil Service Rules of the City, as applicable.

NOTARIZATION

STATE OF OHIO

COUNTY OF _____

_____, being first duly sworn, on oath, say that the statements made and subscribed to in this application are true.

SIGNATURE OF APPLICANT

Subscribed in my presence by the said affiant and sworn to before me this _____ day of _____, 2016.

Written Signature: _____

Typed or printed: _____

(Notary Stamp and Seal Here)

FOR INTERNAL USE ONLY

Arrange Interview: ☐ YES ☐ NO

Remarks: _____

Interviewer's Signature

Date

Employed: ☐ YES ☐ NO Starting Date: _____ Starting Rate: _____

Job Title: _____

The City of Willoughby Hills does not unlawfully discriminate on the basis of color, national origin, sex, religion, veteran status, age, or disability in employment. Persons requesting accommodation for the purpose of testing must provide seventy-two (72) hours notice to the Civil Service Commission in order to have the request fulfilled.